People. Not Profit.

Common Ground Healthcare Cooperative believes its members deserve honesty, compassion and exemplary service from their health insurer. We are committed to changing the health insurance experience through open dialogue, powerful advocacy and the delivery of trusted and understandable information.

Become a Member: 855.494.2667
Member Services: 877.514.CGHC (2442)
Broker Hotline: 888.870.4717
Prior Authorization: 877.779.7598
Catamaran RX: 855.577.6454

For our latest forms and mailing information, visit: www.CommonGroundHealthcare.org/Latest

Find your national network information by visiting: www.CommonGroundHealthcare.org/National

Agent Name: ____________________________
Agent Phone Number: ___________________
<table>
<thead>
<tr>
<th>Calendar Year Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Coinsurance (You Pay)</th>
<th>In-Network Member Copay/Coinsurance</th>
<th>CGHC Doctor Line*</th>
<th>In-Network Only*</th>
<th>In- &amp; Out-Of-Network Member Copay/Coinsurance*</th>
<th>Prescription Drugs</th>
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<tr>
<td>In-Network</td>
<td>Out-Of-Network</td>
<td>PCP†</td>
<td>Specialist</td>
<td>Urgent</td>
<td>TeleHealth</td>
<td>Preventive</td>
<td>Emergency</td>
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<td>Single</td>
<td>Family</td>
<td>PCP†</td>
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</table>

*PCP = Primary Care Provider (includes general pediatrics, internal medicine, OB/GYN, family practice, general medicine, chiropractor and genitrics)  
† Urgent = Urgent Care Services  
* CGHC Doctor Line - This service makes available to our members phone calls with a licensed physician. 3 no-cost doctor line calls are provided per non-HSA policy holder. Total visits are capped at 3 within 3 months or 8 within 12 months.  
* Preventive care received out of network is not covered.  
* Services that meet the definition of emergency are covered as in network even when care is delivered in a non-network ER. The copay will apply only to the facility charge. All other charges related to ER visit are subject to deductible/coinsurance.  
* HSA Plan CSRs - None of the CSR variations for the Envision Silver HSA 3000/80 are HSA compatible.

**Our Deductibles, Explained:** All plans have a January 1 to December 31 deductible. All deductibles, coinsurance, and copayments accumulate toward the out-of-pocket maximum. In-network and out-of-network deductibles and out-of-pocket maximums must be satisfied separately. All plans described on this page have embedded deductibles for family coverage. This means that if you are enrolled in 2-person or family coverage, an individual family member only has to satisfy the single person deductible before the plan begins to make payment for covered services for that family member.
EXCLUSIONS AND LIMITATIONS

We want you to understand what is not included in your plan. Below is a summary of services that are not covered by your plan. A full listing of exclusions and limitations can be found in your certificate of coverage.

DENTAL
- Dental care (including dental X-rays, supplies and appliances and all associated expenses).
- Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums.
- Dental implants, bone grafts and other implant-related procedures.
- Dental braces (orthodontics).
- Treatment of congenitally missing, malpositioned or supernumerary teeth.

MATERNITY SERVICES
- Elective abortions excluded except when performed to save the life/health of the mother and in instances of rape or incest.
- Birthing classes.
- Treatment, services, or supplies for a third party or nonmember traditional surrogate or gestational carrier.

MENTAL HEALTH
- Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis.
- Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias, and other Mental Illnesses that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practices.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

PHYSICAL APPEARANCE
- Cosmetic Procedures.
- Treatment of benign gynecomastia (abnormal breast enlargement in males).
- Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility and diversion or general motivation.
- Botox (Botulinum toxin) as a treatment of skin wrinkles or other cosmetic indications.

PROCEDURES AND TREATMENTS
- Excision or elimination of hanging skin on any part of the body.
- Gender reassignment operations and related services.
- Surgical and non-surgical treatment of obesity.
- Breast reduction surgery except as coverage is required by the Women’s Health and Cancer Rights Act of 1998.

REPRODUCTION
- Health services and associated expenses for infertility treatments, including assisted reproductive technology.
- Surrogate parenting, donor eggs, donor sperm and host uterus.
- Storage and retrieval of all reproductive materials.
- The reversal of voluntary sterilization and related procedures.

SERVICES PROVIDED UNDER ANOTHER PLAN
- Health services for which other coverage is required by Federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers’ compensation, no-fault auto insurance, or similar legislation.
- Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you.
- Health services while on active military duty.

SUBSTANCE USE DISORDERS
- Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Methadone treatment as maintenance, L.A.A.M. (1-alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
- Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

ALL OTHER EXCLUSIONS
- Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the Policy when:
  - Required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption.
  - Related to judicial or administrative proceedings or orders.
  - Conducted for purposes of medical research.
  - Required to obtain or maintain a license of any type.
- Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Policy.